PTO/SB/17 (10-07)
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FEE TRANSMITTAL FOR Y 2008    X   Applicant olaims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (5) 570.00   Attorney Docket No.   038-0447PUS1    METHOD OF PAYMENT (check all that apply)   Attorney Docket No.   038-0447PUS1    METHOD OF PAYMENT (check all that apply)   Attorney Docket No.   038-0447PUS1    METHOD OF PAYMENT (check all that apply)   Other (please identify):   Deposit Account Name:   Birch, Stewart, Kofasch & Birch, LLP	Effective on 12/08/		Complete if Known					
FOR FY 2008    First Named Inventor   Kazuu MiYAZAWA		Application Nur	nber	10/509,743-Conf. #4365				
FOR FY 2008    First Named Inventor   Kazuu MiYAZAWA	FEE TRANSMITTAL		Filing Date					
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 570.00   Attorney Docket No.   0038-0447PUST			First Named Inv	ventor				
METHOD OF PAYMENT (check all that apply)	FOFFY 2006		Examiner Name		P. H. Nguyen			
Check   Credit Card	X Applicant claims small entity status. See 37 CFR 1.27		7400111		3724			
Check. Credit Card Money Order None Other (please identify):    X   Deposit Account Deposit Account Number: 02-2448   Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT OF PAYMENT	(\$) 570.00	Attorney Docket	No.	0038-0447PU			
Deposit Account Deposit Account Name:   Deposit Account Name:   Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Credit any overpayments	Check . Credit Card Money Order None Other (please identify):							
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments   X   Cred	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit and sand   X   Credit any overpayments   X   Credit an	For the above-identified depo	sit account, the Director	s hereby authorize	ed to: (che	ck all that apply)			
Tee(s) under 37 CFR 1.16 and 1.17   Search   S	x Charge fee(s) indicated	below	Charg	e fee(s) in	dicated below, e	xcept for the	e filing fee	
FEE CALCULATION	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
Papication Type								
Samplication Type   Fee (\$)   Fee	1. BASIC FILING, SEARCH, AND E.	XAMINATION FEES						
Application Type	1							
Utility	Application Type Fee (\$			Fee (\$)		Fees Pa	aid (\$)	
Plant								
Plant		105 100	50	130	65	-		
Provisional   210   105   0   0   0   0   0	1		155	160	80			
Provisional   210   105   0   0   0   0   0	Reissue 310	155 510	255	620	310		•	
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Extra Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Aumber of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee	Provisional 210							
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  A - 3 = 1	2. EXCESS CLAIM FEES					s	mall Entity	
Each independent claims	Too bestription						Fee (\$)	
Multiple dependent claims  Total Claims  Extra Claims  Pee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  A -3 = 1	· · · · · · · · · · · · · · · · · · ·							
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   See Stara Sheets   Number of each additional 50 or fraction thereof   See Stara Sheets   Number of each additional 50 or fraction thereof   See Stara Sheets   See Stara Sheets   See Stara Sheets   See Stara Sheets   Stara S	Multiple dependent claims							
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims						ent Claims		
Indep. Claims  4   -3 = 1	x = Fee (\$)					Fee Paid (\$)		
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  (round up to a whole number) x  Fees Paid (\$)  Other (e.g., late filing surcharge):  2801 Request for continued examination (RCE) (see 37 405.00 2251 Extension for response within first month  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)	HP = highest number of total claims paid for, if greater than 20.							
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4. OTHER FEE(S)  Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 405.00 2251 Extension for response within first month 60.00  SUBMITTED BY Signature  Registration No. (Altorney/Agent) 28,380 Telephone (703) 205-8015								
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2251 Extension for response within first month 60.00  SUBMITTED BY  Signature Registration No. (Altorney/Agent) 28,380 Telephone (703) 205-8015	4. OTHER FEE(S) Fees Paid (\$)							
2251 Extension for response within first month  60.00  SUBMITTED BY  Signature  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)	Other (e.g., late filing surcharge)							
Signature Registration No. (Attorney/Agent) 28,380 Telephone (703) 205-8015	(	2251 Extension for re	sponse within fi	rst month	<u> </u>	60.	.00	
(Attorney/Agent) 20,360 Telephone (703) 205-6013	SUBMITTED BY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Name (Print/Type) James M. Slattery Date March 31, 2008	Signature -	1 Satten		28,380	Telephone	(703) 205	-8015	
( )	Name (Print/Type) James M. Slatter	,			Date	March 31,	2008	